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| B1 (Official) | Form 1)(04 | /13) | | | | ournorn. | | gc <u> </u> | | | | | |
|---|--|---|--|--|---|--|---|--|---|---|---|-------------------------------------|-----|
| | | | United No | | | ruptcy of Illino | | | | | Vol | luntary Petitio | n |
| | ebtor (if ind eaundrea | | er Last, First | , Middle): | | | Name | of Joint De | ebtor (Spouse) |) (Last, First | , Middle): | | |
| | All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | used by the J maiden, and | | | 3 years | | |
| Last four dig | | Sec. or Indi | vidual-Taxp | ayer I.D. (| (ITIN)/Com | plete EIN | Last for | our digits o | f Soc. Sec. or | Individual- | Гахрауег I. | D. (ITIN) No./Complete | EIN |
| | | Circle | Street, City, | and State) |): | ZIP Code | | Address of | Joint Debtor | (No. and Str | reet, City, a | and State): ZIP Co | |
| | | | | | Г | 60193 | | | | | | ZIP CO | de |
| County of R Cook | desidence or | of the Princ | cipal Place o | f Busines | s: | | Count | y of Reside | ence or of the | Principal Pla | ace of Busi | ness: | |
| Mailing Add | dress of Deb | tor (if diffe | rent from str | eet addres | ss): | | Mailir | ng Address | of Joint Debto | or (if differe | nt from str | eet address): | |
| | | | | | Г | ZIP Code | | | | | | ZIP Co | de |
| Location of (if different | | | | • | | | | | | | | | |
| (Form | • • | Debtor | one box) | | | of Business | | | - | of Bankrup Petition is Fi | • | Under Which | |
| (Form of Organization) (Check one box) ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | | Sing in 1 Rail Stoo | lth Care Bugle Asset Ro 1 U.S.C. § road ckbroker nmodity Broaring Bank | siness eal Estate as 101 (51B) | s defined | Chapt Chapt Chapt Chapt Chapt Chapt | er 7 er 9 er 11 er 12 | ☐ Cl of ☐ Cl | hapter 15 F a Foreign hapter 15 F | Petition for Recognition Main Proceeding Petition for Recognition Nonmain Proceeding | | |
| | Chapter 1 | 5 Debtors | | Oth | | | | | | | e of Debts | | |
| Country of do Each country by, regarding | ebtor's center in which a for , or against d | oreign procee | eding | unde | (Check box tor is a tax-ex er Title 26 of | mpt Entity i, if applicable cempt organiz the United St l Revenue Co | e) zation tates | defined | are primarily co d in 11 U.S.C. § red by an indivio anal, family, or l | nsumer debts, 101(8) as dual primarily | for | Debts are primarily business debts. | |
| | Fil | ling Fee (C | heck one box | κ) | | Check | one box: | 1 | Chap | ter 11 Debt | ors | | |
| attach sign debtor is n Form 3A. | e to be paid in ned application unable to pay waiver reque | installments on for the cou fee except in ested (applica | (applicable to urt's considerat n installments. able to chapter urt's considerat | ion certifyi Rule 10060 7 individu | ing that the (b). See Office als only). Mu | Check Check Check Check | Debtor is not if: Debtor's agg are less than all applicable A plan is bein | a small busi regate nonco \$2,490,925 (e boxes: ng filed with | amount subject this petition. | efined in 11 United debts (exc to adjustment | J.S.C. § 101 cluding debts on 4/01/16 | | |
| | | | | | | | | | S.C. § 1126(b). | | | | |
| Debtor e | estimates that estimates that | t funds will t, after any | ation be available exempt prop for distribut | erty is ex | cluded and | administrat | | es paid, | | THIS | SPACE IS | FOR COURT USE ONLY | |
| Estimated N 1- 49 | fumber of C 50- 99 | reditors 100- 199 | 200- 999 | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | | | | |
| Estimated A \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | | | | | |
| Estimated Li \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | | | | | |

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B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Ware, Deaundreal Donte (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ S. M. de Rath, Esq. October 1, 2015 Signature of Attorney for Debtor(s) (Date) S. M. de Rath, Esq. 6206809 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(04/13)

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Ware, Deaundreal Donte

Signatures

$Signature (s) \ of \ Debtor (s) \ (Individual/Joint)$

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Deaundreal Donte Ware

Signature of Debtor Deaundreal Donte Ware

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

October 1, 2015

Date

Signature of Attorney*

X /s/ S. M. de Rath, Esq.

Signature of Attorney for Debtor(s)

S. M. de Rath, Esq. 6206809

Printed Name of Attorney for Debtor(s)

Attorney S.M.de Rath, Esq.

Firm Name

233 S. Wacker Dr, 84th FL Chicago, IL 60606

Address

312-283-8606

Telephone Number

October 1, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 \mathbf{X}

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| T 7 |
|------------|
| Λ |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| T |
|----------|
| v |
| |

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

| In re | Deaundreal Donte Ware | | Case No. | |
|-------|-----------------------|-----------|----------|---|
| • | | Debtor(s) | Chapter | 7 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont. | Page 2 | | | | | | |
|---|---|--|--|--|--|--|--|
| ± • • • | 109(h)(4) as impaired by reason of mental illness or mental and making rational decisions with respect to financial | | | | | | |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone. | | | | | | | |
| • • • | administrator has determined that the credit counseling | | | | | | |
| I certify under penalty of perjury that the | information provided above is true and correct. | | | | | | |
| Signature of Debtor: /s/ Deaundreal Donte Ware | | | | | | | |
| | Deaundreal Donte Ware | | | | | | |
| Date: October 1, 2015 | 5 | | | | | | |

В

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Deaundreal Donte Ware | | Case No | | |
|-------|-----------------------|--------|---------|---|--|
| | | Debtor | | | |
| | | | Chapter | 7 | |
| | | | • | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 4 | 3,905.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | 3,958.61 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 15 | | 91,250.61 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 3 | | | 3,002.40 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 2,635.78 |
| Total Number of Sheets of ALL Schedu | ıles | 31 | | | |
| | T | otal Assets | 3,905.00 | | |
| | | | Total Liabilities | 95,209.22 | |

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Deaundreal Donte Ware | | Case No. | |
|-------|-----------------------|----------|----------|---|
| | | Debtor , | | |
| | | | Chapter | 7 |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|-----------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 3,958.61 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 27,882.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 4,481.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 36,321.61 |

State the following:

| Average Income (from Schedule I, Line 12) | 3,002.40 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 2,635.78 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 2,115.52 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 0.00 |
|--|----------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 3,958.61 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 91,250.61 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 91,250.61 |

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B6A (Official Form 6A) (12/07)

| In re | Deaundreal Donte Ware | Case No. | |
|-------|-----------------------|----------|--|
| - | | Debtor | |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|--------------------------------------|--|---|--|----------------------------|
| Never owned property | | - | 0.00 | 0.00 |

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Deaundreal Donte Ware | | Case No. | |
|-------|------------------------------|--------|----------|--|
| _ | | Debtor | | |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|----|---|--|---|--|
| 1. | Cash on hand | Debtor's cash on hand in cookie jar, for emergencies, etc, located at debtor's residence, current estimated FMV not over \$25 at a time. | - | 25.00 |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Checking Account: 595866323 Direct Deposit Location: Deaundreal Ware | - | 100.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | x | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | Household: Bed, dress, couch and dinner room table and chairs Location: 953 Glouchester Cir Schaumburg, IL 60193 | - | 1,500.00 |
| | | Audio-Video: TV, DVD player Location: 953 Glouchester Cir Schaumburg, IL 60193 | - | 500.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | Debtor's knicknacks, odds and ends, including but not limited to: pictures, books, collectables, CDs, software, etc. located at debtor's residence, total estimated market value approximately under \$500, | - | 500.00 |
| 6. | Wearing apparel. | Clothes: Jeans, shoes, clothes, jackets Location: 953 Glouchester Cir Schaumburg, IL 60193 | - | 750.00 |
| 7. | Furs and jewelry. | Debtor's costume jewery, including but not limited to watches, rings, earrings, bracelets, necklaces, etc. located at debtor's residence, total estimated FMV approximately under \$500 | - | 500.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | Sports-Hobby: basketball | - | 30.00 |
| | | (Total | Sub-Tota of this page) | al > 3,905.00 |

3 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| in re Deaundreal Donte ware Case No | , | In re | Deaundreal Donte Ware | Case No. |
|-------------------------------------|---|-------|-----------------------|----------|
|-------------------------------------|---|-------|-----------------------|----------|

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | Х | | | |
| 10. | Annuities. Itemize and name each issuer. | X | | | |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | x | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| | | | | | |
| | | | (To | Sub-Total of this page) | al > 0.00 |

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No |
|-------|-----------------------|---------|
| _ | | 1 |

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| | | | (T | Sub-Tot Fotal of this page) | al > 0.00 |

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No |
|-------|-----------------------|-------------|
| - | | , Debtor |

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|--|------------------|--------------------------------------|---|---|
| 34. Farm supplies, chemicals, and feed. | Х | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |

| Sub-Total > | 0.00 | | (Total of this page) | Total > | 3,905.00 | Case 15-36133 Doc 1 Filed 10/23/15 Entered 10/23/15 16:07:26 Desc Main Document Page 13 of 60

B6C (Official Form 6C) (4/13)

| In re | Deaundreal Donte Ware | Case No. |
|-------|------------------------------|----------|
| | | |

Debtor

| SCHEDULE C | PROPERTY CLAIME | D AS EXEMPT | |
|---|---|--|---|
| Debtor claims the exemptions to which debtor is entitled us (Check one box) 11 U.S.C. §522(b)(2) 11 U.S.C. §522(b)(3) | | debtor claims a homestead exe (. (Amount subject to adjustment on 4/1), with respect to cases commenced on | 16, and every three years thereaf |
| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
| Cash on Hand Debtor's cash on hand in cookie jar, for emergencies, etc, located at debtor's residence, current estimated FMV not over \$25 at a time. | 735 ILCS 5/12-1001(b) | 100.00 | 25.00 |
| Checking, Savings, or Other Financial Accounts, Concerning Account: 595866323 Direct Deposit Location: Deaundreal Ware | ertificates of Deposit 735 ILCS 5/12-1001(b) | 100.00 | 100.00 |
| Household Goods and Furnishings Household: Bed, dress, couch and dinner room table and chairs Location: 953 Glouchester Cir Schaumburg, IL 60193 | 735 ILCS 5/12-1001(b) | 1,500.00 | 1,500.00 |
| Audio-Video: TV, DVD player Location: 953 Glouchester Cir Schaumburg, IL 60193 | 735 ILCS 5/12-1001(b) | 500.00 | 500.00 |
| Books, Pictures and Other Art Objects; Collectibles Debtor's knicknacks, odds and ends, including but not limited to: pictures, books, collectables, CDs, software, etc. located at debtor's residence, total estimated market value approximately under \$500, | 735 ILCS 5/12-1001(a) | 500.00 | 500.00 |
| Wearing Apparel Clothes: Jeans, shoes, clothes, jackets Location: 953 Glouchester Cir Schaumburg, IL 60193 | 735 ILCS 5/12-1001(a) | 750.00 | 750.00 |
| Furs and Jewelry Debtor's costume jewery, including but not limited to watches, rings, earrings, bracelets, necklaces, etc. located at debtor's residence, total estimated FMV approximately under \$500 | 735 ILCS 5/12-1001(b) | 500.00 | 500.00 |
| Firearms and Sports, Photographic and Other Hobl Sports-Hobby: basketball | oy Equipment 735 ILCS 5/12-1001(b) | 30.00 | 30.00 |

| Total: | 3.980.00 | 3.905.00 |
|--------|----------|----------|
| | | |

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B6D (Official Form 6D) (12/07)

| In re | Deaundreal Donte Ware | Case No | |
|-------|-----------------------|---------|--|
| _ | | Debtor | |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| Check this box if debtor has no creditors hold | mg | seci | ned claims to report on this Schedule D. | | | | | |
|--|----------|-------------|--|--------------|-----------------|--------|---|---------------------------------|
| CDEDITORIS NAME | CODEBTOR | Hu | sband, Wife, Joint, or Community | D I | AMOUNT OF | | | |
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | | C A M | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONFINGENT | UZ LL QULDAH ED | SPUTED | CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| Account No. | | | | Т | T E | | | |
| | | | Value \$ | | D | | | |
| Account No. | | | | П | | | | |
| | | | Value \$ | | | | | |
| Account No. | | | | П | | | | |
| | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| | L | | Value \$ | Щ | | _ | | |
| continuation sheets attached | | | S (Total of th | ubto is p | | | | |
| | | | (Report on Summary of Sci | | otal ule: | - 1 | 0.00 | 0.00 |

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B6E (Official Form 6E) (4/13)

| In re | Deaundreal Donte Ware | Case No | |
|-------|-----------------------|----------|--|
| - | | Debtor , | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be oeled

| liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled." (You may need to place an "X" in more than one of these three columns.) Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Subtotals" on each sheet. |
|---|
| "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to prioritisted on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| ☐ Domestic support obligations |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ■ Taxes and certain other debts owed to governmental units |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

| In re | Deaundreal Donte Ware | Case No | |
|-------|-----------------------|---------|--|
| _ | | Debtor | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY UNLIQUIDATED CODEBTOR Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) Account No. 370964163S 02/1/2006 **Government Agency Driver Michigan Treasury Office of Collections** Responsibility Fee 0.00 PO Box 30149 Lansing, MI 48909-7649 3,958.61 3,958.61 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 3,958.61 3,958.61 Total 0.00 (Report on Summary of Schedules) 3,958.61 3,958.61

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B6F (Official Form 6F) (12/07)

| In re | Deaundreal Donte Ware | Case No. |
|-------|-----------------------|----------|
| _ | | Debtor |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| 8 | | | F | | | | | |
|---|------------------|-------------|---|------|-------------|----------|------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, | C O D E B T | н | I DATE CLAUVEWAS INCURRED AND | CONT | ŀ | 1 | D I S P | |
| AND ACCOUNT NUMBER (See instructions above.) | B T O R | C J M | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NGEN | Q | <u> </u> | U T F | AMOUNT OF CLAIM |
| Account No. 1027542515PA00001 | | | Opened 9/25/08 Last Active 8/05/13 | T | T E D | | | |
| Aes/bank Of America Pob 61047 Harrisburg, PA 17106 | | - | Educational | | | | | 0.00 |
| Account No. 370964163 | - | | 01/23/2013 | ╁ | ╁ | + | + | 0.00 |
| Alexian Brothers Hospital 800 Biesterfield Road Elk Grove Village, IL 60007 | | - | Medical | | | | | |
| | | | | | | | | 3,200.00 |
| Account No. 40346325 Argent Healthcare Financial Services/Fir Attn: Bankruptcy | | - | Opened 2/01/14 Collection Attorney Career Education Corp | | | | | |
| 7715 Nw 48th Street; Ste 100 Doral, FL 33166 | | | | | | | | 4,993.00 |
| Account No. 299896288 | | | Opened 12/01/10 Last Active 2/28/11 | | | | | |
| Arizona Public Service Po Box 53999 Phoenix, AZ 85072 | | - | Agriculture | | | | | |
| | | | | | | | | 160.00 |
| | | | (Total of t | Sub | | | ;) | 8,353.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No. | |
|-------|-----------------------|----------|--|
| _ | | Debtor | |

| | С | Hu | sband, Wife, Joint, or Community | С | Ιυ | D | |
|---|---------|------------------|---|-------------|-------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | ONL-QU-DATE | ISPUTE | AMOUNT OF CLAIM |
| Account No. 74585889 | | | Medical | Т | E | | |
| Ars 1801 Nw 66th Ave Fort Lauderdal, FL 33313 | | - | | | D | | 814.00 |
| Account No. 72949886 | | | Medical | | | | |
| Ars 1801 Nw 66th Ave Fort Lauderdal, FL 33313 | | _ | | | | | 398.00 |
| Account No. | | | Opened 2/01/15 | | | | 396.00 |
| Ars Account Resolution 1801 Nw 66th Ave Fort Lauderdal, FL 33313 | | - | Collection Attorney Mid-Ohio Emergency Services LI | | | | 814.00 |
| Account No. | | | Opened 3/01/14 | | | | 014.00 |
| Ars Account Resolution 1801 Nw 66th Ave Fort Lauderdal, FL 33313 | | - | Collection Attorney Mea - Elk Grove Llc | | | | |
| Account No. 370964163 | | | 02/2/2013 | | | | 398.00 |
| Associated Dental Care 183 S Bloomingdale Rd Suite 202 Bloomingdale, IL 60108 | | - | Medical | | | | 400.00 |
| | | | | | | | 190.00 |
| Sheet no. <u>1</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | 2,614.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No | |
|-------|-----------------------|---------|--|
| _ | | Debtor | |

| CDEDITORIO MANG | С | Hu | sband, Wife, Joint, or Community | С | U | D | |
|---|----------|-------------|---|----------|---|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J W H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | | I S P U T E D | AMOUNT OF CLAIM |
| Account No. 3767955 | | | Opened 1/01/14 | Т | E | | |
| Atg Credit 2651 Warrenville R Downers Grove, IL 60515 | | - | Collection Attorney Le Cordon Bleu In Scottsdale | | D | | |
| Account No. 370964163 | ╁ | | 01/11/2015 | | | <u> </u> | 2,750.00 |
| Baptist Hospital 8900 N. Kendall Dr. Miami, FL 33176 | | - | Medical | | | | |
| | | | | | | | 897.00 |
| Account No. 370964163 | - | | 02/6/2013 | | | | |
| Barrington Orthopedic 929 West Higgins Road Schaumburg, IL 60195 | | - | Medical | | | | 700.00 |
| Account No. 370964163802176 | ╁ | | Opened 9/25/08 Last Active 10/31/12 | + | | | 700.00 |
| Bkofa/glelsi Po Box 7860 Madison, WI 53707 | | - | Educational | | | | |
| | | | | | | | 0.00 |
| Account No. 5817412 | | | Opened 2/01/13 | | | | |
| Bureau Of Med Econcs 326 E Coronado Rd Phoenix, AZ 85004 | | _ | Collection Attorney Scottsdale Pathology Assoc | | | | |
| | | | | | | | 975.00 |
| Sheet no. 2 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | - | | (Total of | Sub | | | 5,322.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No. | |
|-------|-----------------------|----------|--|
| _ | | Debtor | |

| | Tc | Т | shand Wife laint or Community | 16 | Τυ | D | |
|---|----------|-------------|---|-----------|-------------|-------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H W | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | L Q U | I S P U T E | AMOUNT OF CLAIM |
| Account No. 5648101 | | | Opened 9/01/12 | T | E | | |
| Bureau Of Med Econcs 326 E Coronado Rd Phoenix, AZ 85004 | | - | Collection Attorney Scottsdale Emergency Assoc. Lt | | D | | |
| | _ | | | | | | 670.00 |
| Account No. 5746822 | 4 | | Opened 12/01/12 | | | | |
| Bureau Of Med Econcs 326 E Coronado Rd Phoenix, AZ 85004 | | - | Collection Attorney Southwest Diag Imaging Ltd | | | | |
| | | | | | | | 633.00 |
| Account No. 370964163 | | | 07/2/2011 | | T | | |
| Bureau Of Med Economics P.O. Box #20247 Phoenix, AZ 85036 | | - | Medical | | | | 405.00 |
| Account No. 2271222 | + | | Opened 12/01/10 | | | | 485.00 |
| BYL Services 301 Lacey Street West Chester, PA 19382 | | - | Collection Attorney Southwest Gas Corporation | | | | |
| Account No. | _ | | for information Purposes | | _ | | 66.00 |
| City of Chicago Department of Revenue, Parking Tick 333 S. State Street Chicago, IL 60602 | | _ | for information Purposes | | | | 0.00 |
| Sheet no. 3 of 14 sheets attached to Schedule o | f | | <u> </u> | Sub | tot: | ⊥ al | |
| Creditors Holding Unsecured Nonpriority Claims | • | | (Total o | | | | 1,854.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No. | |
|-------|-----------------------|----------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, MAILING ADDRESS | COD | Hu H | sband, Wife, Joint, or Community | CONTI | U N L | D I S | |
|---|---------------|-------------|---|---------|------------------|-------------|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | C J M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | TINGENT | U I D | SPUTED | AMOUNT OF CLAIM |
| Account No. | | | Utilities | Т | A T E D | | |
| Commonwealth Edison 3 Lincoln Center Attn Bank Dept Oak Brook Terrace, IL 60181 | | - | | | | | 200.00 |
| Account No. 44798527 | | | Opened 10/01/10 | | T | T | |
| Credit Management Lp 4200 International Pkwy Carrollton, TX 75007 | | - | Factoring Company Account Charter Communications | | | | |
| | | | | | | | 330.00 |
| Account No. 44797972 | | | Opened 10/01/10 | | T | T | |
| Credit Management Lp 4200 International Pkwy Carrollton, TX 75007 | | - | Factoring Company Account Charter Communications | | | | |
| | | | | | | | 151.00 |
| Account No. | | | for Information Purposes | + | T | | |
| Department of the Treasury Internal Revenue Service P.O.Box 7346 Philadelphia, PA 19101-7346 | | - | | | | | 0.00 |
| Account No. | ┝ | | | ╁ | ╀ | ┝ | 0.00 |
| Divison of Traffic Safety Accident Records Division 1340 N 9th St Springfield, IL 62766-0001 | | - | | | | | 0.00 |
| Sheet no4 of _14 sheets attached to Schedule of | <u> </u> | <u> </u> | <u> </u> | Sub | L tota | <u>Ц</u> | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | | 681.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No | |
|-------|-----------------------|---------|--|
| _ | - | Debtor | |

| | | | | | | | | - |
|--|---------------|-------------|--|------------|-----------------|-------------|----|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | | zoo | UZ | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | C A H | DATE CLAIM WAS INCURRED ANI CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE |) .m. | H L Z G | ZL_QU_DAH | ΙF | AMOUNT OF CLAIM |
| Account No. 92342765711E005201 | | | Opened 2/02/12 Last Active 1/10/14 | | Ť | T E D | | |
| Dpt Ed/slm Po Box 9635 Wilkes Barre, PA 18773 | | - | Educational | | | ט | | 0.00 |
| Account No. 92342765711E006201 | | | Opened 2/02/12 Last Active 1/10/14 | | | | | |
| Dpt Ed/slm Po Box 9635 Wilkes Barre, PA 18773 | | - | Educational | | | | | 0.00 |
| Account No. 92342765711E004201 | | \vdash | Opened 2/22/11 Last Active 10/28/13 | | | | | |
| Dpt Ed/slm Po Box 9635 Wilkes Barre, PA 18773 | | - | Educational | | | | | 0.00 |
| Account No. 92342765711E001200 | | | Opened 8/26/09 Last Active 9/19/13 | | | | | |
| Dpt Ed/slm Po Box 9635 Wilkes Barre, PA 18773 | | - | Educational | | | | | 0.00 |
| Account No. 92342765711E002200 | ┝ | \vdash | Opened 8/26/09 Last Active 9/19/13 | | | | | |
| Dpt Ed/slm Po Box 9635 Wilkes Barre, PA 18773 | • | - | Educational | | | | | 0.00 |
| Sheet no5 _ of _14 _ sheets attached to Schedule of | _ | _ | | Sı | ıbt | ota | l | 0.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Te | otal of th | is _l | pag | e) | 0.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No. | |
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| | | Debtor | |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED A CONSIDERATION FOR CLAIM. IF C IS SUBJECT TO SETOFF, SO STA | LAIM | COXHLXGEXH | OZLLQD-DAF | ıĿ | AMOUNT OF CLAIM |
|--|-----------------|------------------------|--|-------------|------------|------------|----------|-----------------|
| Account No. 88749620 | | | Opened 1/01/14 | | Т | E D | | |
| Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256 | | - | Collection Attorney Tmobile | | | | | 376.00 |
| Account No. | | T | for notice information purposes only | | | П | Г | |
| Equifax Credit Information Services Bankruptcy Department P.O Box 740241 Atlanta, GA 30374-0241 | | - | | | | | | 0.00 |
| Account No. | | | for notice information purposes only | | | П | | |
| Experian Bankruptcy Dept P.O.Box 2002 Allen, TX 75013 | | - | | | | | | 0.00 |
| Account No. 163802176 | | | Opened 9/01/08 Last Active 9/01/12 | | | П | | |
| Glelsi/bank Of America Po Box 7860 Madison, WI 53707 | | - | Educational | | | | | Unknown |
| Account No. 17370964164888888 | ╁ | \vdash | Opened 8/01/13 Last Active 8/05/13 | | | H | \vdash | |
| Glhegc Po Box 7860 Madison, WI 53707 | | _ | Educational Bank Of America | | | | | 3,152.00 |
| Sheet no6 of _14_ sheets attached to Schedule of | | | | | | tota | | 3,528.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | | Total of th | is i | pag | e) | 3,320.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | | Case No. | |
|-------|-----------------------|--------|----------|--|
| | | Debtor | •7 | |

| CREDITOR'S NAME MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER (See instructions above.) Account No. 5453363 Account No. 5018181001 IC System Attn: Court No. 50018181001 IC System Attn: Bankruptcy Att Highway 96 East; Po Box 64378 St. Paul, MN 55164 Account No. II Dept of Human Services 100 South Grand Ave East (800) 843-6154 Springfield, IL 62762 Account No. II Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. II Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. I Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. I Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. I Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. I Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. I Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 Account No. I Dept of Trans Crash Records Section 130 North 9th St. Springfield, IL 62766-0020 | | | | | | | | | |
|--|--|-----------------|--------|---|-----------|------|--------------|----------------------|-----------------|
| Hunter Warfield Attention: Collections Department 4620 Woodland Corporate Blvd Tampa, FL 33614 Collection Attorney The Cortesian | MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER | C O D E B T O R | J H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | 3010 | F |) S > J E D | AMOUNT OF CLAIM |
| Hunter Warfield Attention: Collections Department 4620 Woodland Corporate Bivd Tampa, FL 33614 Collection Attorney The Cortesian 3,651.00 Account No. 50018181001 IC System Attn: Bankruptcy 444 Highway 96 East; Po Box 64378 St. Paul, MN 55164 Collection Attorney Rcn Collection Attorney The Cortesian 3,651.00 Collection Attorney The Cortesian Collection Attorney The Cortesian Collection Collection Attorney The Cortesian Collection Collection Attorney The Collection Colle | Account No. 5453363 | | | Opened 9/01/10 | 7 | TE | | | |
| Collection Attorney Rcn | Attention: Collections Department 4620 Woodland Corporate Blvd | | - | Collection Attorney The Cortesian | | | | | 3,651.00 |
| Attn: Bankruptcy 444 Highway 96 East; Po Box 64378 St. Paul, MN 55164 233.00 Account No. Il Dept of Human Services 100 South Grand Ave East (800) 843-6154 Springfield, IL 62762 Il Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St Springfield, IL 62766-0020 Account No. J.P.Morgan Chase & Co Attn: Court Orders & Levies P.O.Box 183164 Columbus, OH 43218-3164 0.00 Sheet no. 7 of 14 sheets attached to Schedule of Subtotal | Account No. 50018181001 | t | | Opened 11/01/12 | \top | T | T | T | |
| Dept of Human Services | Attn: Bankruptcy 444 Highway 96 East; Po Box 64378 | | - | Collection Attorney Rcn | | | | | 222.00 |
| Il Dept of Human Services 100 South Grand Ave East (800) 843-6154 Springfield, IL 62762 - Account No. Il Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St Springfield, IL 62766-0020 - Account No. J.P.Morgan Chase & Co Attn: Court Orders & Levies P.O.Box 183164 Columbus, OH 43218-3164 - Subtotal - Subtotal - Subtotal | - | ╄ | | | + | ╄ | \downarrow | 4 | |
| Il Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St Springfield, IL 62766-0020 Account No. J.P.Morgan Chase & Co Attn: Court Orders & Levies P.O.Box 183164 Columbus, OH 43218-3164 Sheet no. 7 of 14 sheets attached to Schedule of Subtotal 3 884 00 | II Dept of Human Services 100 South Grand Ave East (800) 843-6154 | | - | | | | | | 0.00 |
| J.P.Morgan Chase & Co Attn: Court Orders & Levies P.O.Box 183164 Columbus, OH 43218-3164 Sheet no7 of _14 sheets attached to Schedule of Subtotal | II Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St | | - | notice purposes | | | | | 0.00 |
| 3.884.00 | J.P.Morgan Chase & Co Attn: Court Orders & Levies P.O.Box 183164 | | - | for information purposes | | | | | 0.00 |
| | | | | | | | | \int | 3,884.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No. | |
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| _ | | Debtor | |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER | CODEBTOR | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONT LNG | コスリーのコー | ΙĿ | | AMOUNT OF CLAIM |
|---|----------|------------------------|---|-----------|------------------|----|----------|-----------------|
| (See instructions above.) Account No. CT2011121657 | R | <u> </u> | 04 0702 Arcadia Biltmore Just | N G E N T | D A T E | | <u> </u> | |
| Ldc Collect P.o. Box 52110 Phoenix, AZ 85072 | | - | | | D | | | 646.00 |
| Account No. Linebarger Goggan Blair & Sampson Attorneys at Law P O Box 06152 Chicago, IL 60606-0152 | | - | Collection for City of Chicago for parking violations | | | | | 300.00 |
| Account No. xxx-xx-4163 460701 Michigan Treasury Office of Collections P.O.Box 30158 Lansing, MI 48909 | | - | Driver Responsibility Fee | | | | | 3,958.61 |
| Account No. 370964163 Mid Ohio Emergency Services 111 S Grant Ave Columbus, OH 43215 | | - | 02/2/2013 Medical | | | | | 389.00 |
| Account No. 2137461 National Credit System Attn: Bankruptcy Po Box 312125 Atlanta, GA 31131 | | - | Opened 9/01/10 Collection Attorney Twenty One Fourty Lincoln Park | | | | | 12,950.00 |
| Sheet no. 8 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | Subt | | | T | 18,243.61 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No. | |
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| _ | | Debtor | |

| CDEDITOR'S VANC | С | Hu | sband, Wife, Joint, or Community | С | U | D | |
|---|----------|-------------|---|--------|--------|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | N | LIQUID | I S P U T E D | AMOUNT OF CLAIN |
| Account No. 5029350801895900 | | | Opened 9/01/09 Last Active 6/26/15 | Т | T | | |
| Navient Po Box 9655 Wilkes Barre, PA 18773 | | - | Educational | | D | | 6,979.00 |
| Account No. 370964163 | ┞ | L | 08/1/2009 | _ | + | \vdash | 0,37 3.00 |
| Navient P.O. Box 9533 Wilkes-Barre, PA 18773-9533 | | _ | Student Loan | | | | 8,500.00 |
| Account No. | ┢ | | Utilities | | + | \vdash | |
| Nicor Gas Bankruptcy Dept POB 2020 Aurora, IL 60507-0310 | | _ | | | | | 200.00 |
| Account No. 10151260002470159 | ┢ | | Opened 4/01/15 | | t | T | |
| Online Collections Po Box 1489 Winterville, NC 28590 | | - | Collection Attorney Salt River Project | | | | 193.00 |
| Account No. 13773403 | ┞ | | Medical | | + | \vdash | 193.00 |
| Pellettieri 991 Oak Creek Dr Lombard, IL 60148 | | _ | - Modiodi | | | | 1,879.00 |
| Sheet no. 9 of 14 sheets attached to Schedule of | _ | | 1 | Sub | tota | al | 17,751.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total o | f this | pa | ge) | 17,751.00 |

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| In re | Deaundreal Donte Ware | | Case No. | |
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| | | Debtor | •7 | |

| CREDITOR'S NAME, | ç | Hu | sband, Wife, Joint, or Community | Č | Ų | Þ | |
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| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | NL I QU I DAT | D I S P U T E D | AMOUNT OF CLAIN |
| Account No. C0710717001051914 | | | Opened 5/01/14 | ٦Ÿ | ΙE | | |
| Penn Credit Corporatio 916 S 14th St Harrisburg, PA 17104 | | - | Collection Attorney Salt River Project | | D | | |
| A N | 1 | | utilities | | | | 193.00 |
| Account No. Peoples Gas Chicago, IL 60687-0001 | | - | utilities | | | | 300.00 |
| Account No. 11024909797249 | ╁ | | Opened 1/01/12 | | | | |
| Rgs Financial 1700 Jay Ell Dr Ste 200 Richardson, TX 75081 | | - | Collection Attorney Cox Communications li | | | | 100.00 |
| Account No. I100SHC2009020196 | ╁ | | Opened 3/01/14 | + | + | | 100.00 |
| Scottsdale Collection Po Box 82910 Phoenix, AZ 85071 | | - | Collection Attorney Scottsdale Healthcare Physicia | | | | |
| | | | | | | | 1,199.00 |
| Account No. 370964163 | Ī | | 07/3/2011 | | | | |
| Scottsdale Emergency Associates 7400 E Osborn Rd Scottsdale, AZ 85251 | | - | Medical | | | | |
| | | | | | | | 578.00 |
| Sheet no. 10 of 14 sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims | f | _ | (Total of | Sub | | | 2,370.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No | |
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| _ | - | Debtor | |

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | | CO | U | D | |
|--|-----------|-------------|--|------------------|------------|------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODE BT OR | C A M | DATE CLAIM WAS INCURRED A CONSIDERATION FOR CLAIM. IF CI IS SUBJECT TO SETOFF, SO STAT | LAIM | CONTINGENT | ONL-QU-DAH | ıĿ | AMOUNT OF CLAIM |
| Account No. 370964163 | | | 07/3/2011 | | Т | E D | | |
| Scottsdale Healthcare Osborn 7400 E. Osborn Road Scottsdale, AZ 85251 | | - | Medical | | | U | | 1,900.00 |
| Account No. 370964163 | | | 07/2/2011 | | | | Г | |
| Scottsdale Pathology Associates 9003 E Shea Blvd Scottsdale, AZ 85260 | | - | Medical | | | | | |
| | | | | | | | | 1,340.00 |
| Account No. 370964163 | T | T | 07/3/2011 | | | | | |
| Scottsdale Pathology Associates 3501 N Scottsdale Rd Suite 130 Scottsdale, AZ 85251 | | - | Medical | | | | | 685.00 |
| Account No. | ╁ | ┢ | for Information Purposes | | | | | |
| Secretary of State Drivers Services Depart, Traffic V 2701 S. Dirksen Pwy Springfield, IL 62723-0001 | | - | | | | | | 0.00 |
| Account No. 92342765711000320090826 | Γ | | Opened 8/01/09 Last Active 9/01/10 | | | | | |
| SIm Financial Corp 11100 Usa Pkwy Fishers, IN 46037 | | - | Educational | | | | | Unknown |
| Sheet no11_ of _14_ sheets attached to Schedule of | | | | 9 | l | ota | Ш 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (| د Total of tl | | | | 3,925.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No | |
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| _ | - | Debtor | |

| | | | | _ | _ | _ | 1 |
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| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | C | U N L | P | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COXT - XGEXT | I QU I D | P U T E | AMOUNT OF CLAIM |
| Account No. 92342765711000220090826 | | | Opened 8/01/09 Last Active 9/01/10 | T | A T E | | |
| SIm Financial Corp 11100 Usa Pkwy Fishers, IN 46037 | | - | Educational | | D | | Unknown |
| Account No. | | | uemployment benefits | Г | Г | Г | |
| State of Illinois Dept. Employment Security POBox 4385 Benefit repayments Chicago, IL 60680-4385 | | - | | | | | 0.00 |
| Account No. 392010006235150254499915025449 | | | Opened 1/01/11 Last Active 4/17/15 | | | | |
| State Of Mi Office Chi Po Box 30037 Lansing, MI 48909 | | - | Family Support | | | | 4,481.00 |
| Account No. 16702395 | ┢ | | 01 Century Link | H | ┢ | \vdash | |
| Stellar Rec 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216 | - | - | · | | | | 63.00 |
| Account No. 7886454 | T | | Opened 7/01/13 | Г | T | T | |
| Tek-collect Inc Pob 1269 Columbus, OH 43216 | | - | Collection Attorney Associated Dental Care Inc Sz | | | | 121.00 |
| Sheet no. 12 of 14 sheets attached to Schedule of | | • | S | Subt | tota | ıl | 4.005.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | nis | pag | ge) | 4,665.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Deaundreal Donte Ware | Case No. | |
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| _ | | Debtor | |

| | С | ш | sband, Wife, Joint, or Community | 10 | Ιυ | D | Ι |
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| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | OODEBTOR | H W J | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | L Q U | I S P U T F | AMOUNT OF CLAIM |
| Account No. | | | for notice information purposes only | T | E D | | |
| TransUnion Bankruptcy Department P.O.Box 1000 Chester, PA 19022 | | - | | | | | 0.00 |
| Account No. 16846630 | t | | Opened 8/01/09 | | t | 1 | |
| U S Dept Of Ed/fisl/at Attn: Bankruptcy 61 Forsythe St Room 19t89 Atlanta, GA 30303 | | - | Educational | | | | 9 640 00 |
| Account No. 16843148 | - | | Opened 8/01/09 | _ | | - | 8,619.00 |
| U S Dept Of Ed/fisl/at Attn: Bankruptcy 61 Forsythe St Room 19t89 Atlanta, GA 30303 | | - | Educational | | | | 4,375.00 |
| Account No. 18127309 | H | | Opened 2/01/12 | + | | | |
| U S Dept Of Ed/fisl/at Attn: Bankruptcy 61 Forsythe St Room 19t89 Atlanta, GA 30303 | | - | Educational | | | | 2,789.00 |
| Account No. 18123237 | \vdash | | Opened 2/01/12 | + | + | \vdash | 2,: 30:00 |
| U S Dept Of Ed/fisl/at Attn: Bankruptcy 61 Forsythe St Room 19t89 Atlanta, GA 30303 | 1 | - | Educational | | | | |
| | | | | | | | 1,434.00 |
| Sheet no. <u>13</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | 17,217.00 |

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| In re | Deaundreal Donte Ware | Case No. | |
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| _ | | Debtor | |

| | С | Ни | sband, Wife, Joint, or Community | С | Τu | Т | пΤ | |
|---|----------|------------------|---|-----------|--------------|---|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGENT | UNLIQUIDATED | | I S P U T E D | AMOUNT OF CLAIM |
| Account No. 17568728 | | | Opened 2/01/11 | ' | Ę | | | |
| U S Dept Of Ed/fisl/at Attn: Bankruptcy 61 Forsythe St Room 19t89 Atlanta, GA 30303 | | - | Educational | | | | | 534.00 |
| Account No. 10320092 | | | Opened 12/01/10 | + | + | + | \dashv | |
| Unique National Collec 119 E Maple St Jeffersonville, IN 47130 | | - | Collection Attorney Scottsdale Public Library | | | | | |
| | | | | | | | | 309.00 |
| Account No. | | | | | | | | |
| | | | | | | 1 | | |
| Account No. | | | | | | | | |
| Sheet no. 14 of 14 sheets attached to Schedule of | | | (Total of t | Sub | | | | 843.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (1 otai oi t | | ра; Гоt | | - t | |
| | | | (Report on Summary of So | | | | - 1 | 91,250.61 |

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B6G (Official Form 6G) (12/07)

| In re | Deaundreal Donte Ware | | Case No | |
|-------|-----------------------|--------|---------|--|
| | | Debtor | , | |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Landlord residential lease

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B6H (Official Form 6H) (12/07)

| In re | Deaundreal Donte Ware | Case No | | |
|-------|-----------------------|----------|--|--|
| _ | | Debtor , | | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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| Fill | in this information to identify your c | ase: | | | | | | | | |
|------------------------|--|-------------------------------|---|------------------------|---------------------------|---|---------------------------|--------------------------------|-----------------|--|
| | otor 1 Deaundreal | | | | | | | | | |
| | otor 2 | | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | T OF ILLINOIS | | | | | | | |
| Case number (If known) | | | | | | Check if this is: An amended filing A supplement showing post-petition chap 13 income as of the following date: | | | | |
| 0 | fficial Form B 6I | | | | | 1M / DD/ Y | YYY | - | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/13 | |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your s th you, do not includ | pouse is le informa | living with ition abou | n you, incl it your spo | ude inforn ouse. If mo | nation about ore space is i | your needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fili | ing spouse | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status* | ■ Employed□ Not employed | | | ■ Employed□ Not employed | | | | |
| | employers. | Occupation | Cook | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | California Pizza | Kitchen | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed th | nere? 2 Month *See Attac | | Addition | al Employ | ment Info | rmation | | |
| Par | Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | port for an | y line, writ | e \$0 in the | space. Inc | clude your nor | n-filing | |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all em | ployers for | that perso | on on the li | nes below. If y | you need | |
| | | | | | For Del | otor 1 | For Deb | tor 2 or ng spouse | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$3 | ,091.66 | \$ | 0.00 | | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. + | \$ | 659.58 | +\$ | 0.00 | | |

3,751.24

0.00

4. Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1 | Deaundreal Donte Ware | | C | Case r | number (<i>if know</i> | n) | | | | |
|-----|---------------|--|----------|------------|-----------------|-------------------------|----|----------|------------------------|-----------------|------------------|
| | | | | | For | Debtor 1 | | | Debtor 2 | | |
| | Сор | y line 4 here | 4. | | \$ | 3,751.2 | 4 | \$ | -filing s _l | 0.00 | _ |
| 5. | List | all payroll deductions: | | | | | | | | | |
| ٠. | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$ | 748.8 | 4 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5a 5b | | _{\$} — | 0.0 | | \$— | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ | 0.0 | _ | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d | | <u>\$</u> — | 0.0 | | \$ | | 0.00 | _ |
| | 5e. | Insurance | 5e | | <u>*</u> — | 0.0 | | \$ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.0 | _ | \$ | | 0.00 | _ |
| | 5g. | Union dues | 5g | J . | \$ | 0.0 | 0 | \$ | | 0.00 | _ |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$ | 0.0 | _ | + \$ | | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 748.8 | 4 | \$ | | 0.00 | _ |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 3,002.4 | 0 | \$ | | 0.00 | _ |
| 8. | 8b. 8c. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce | |). | \$ \$ | 0.0 | 0 | \$ \$ | | 0.00 | _ |
| | 04 | settlement, and property settlement. Unemployment compensation | 8c 8d | | \$ | 0.0 | | \$ | | 0.00 | _ |
| | 8d. 8e. | Social Security | 8e | | \$ | 0.0 | | \$ | | 0.00 | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | | - | \$ \$ | 0.0 | 0 | \$ \$ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$ | 0.0 | 0 | + \$ | | 0.00 | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | S | 0.0 | 0 | \$ | | 0.0 | 0 |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. | Φ. | 2 | 3,002.40 + | ¢ | | 0.00 | = \$ | 3,002.40 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 5,002.40 | Ψ_ | | 0.00 | - U - | 3,002.40 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedulude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are necify: | our depe | | , | , | | , | Schedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The le that amount on the Summary of Schedules and Statistical Summary of Ceries | | | | | | | 12. | \$ | 3,002.40 |
| 13. | Do | ou expect an increase or decrease within the year after you file this for | rm? | | | | | | | Combine monthle | ned ly income |
| | | No. Yes Explain | | | | | | | | | |

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Debtor 1 Deaundreal Donte Ware Case number (if known)

Official Form B 6l Attachment for Additional Employment Information

| Debtor | | |
|---------------------|--------------------------------|----------------------------|
| Occupation | Cook | |
| Name of Employer | California Pizza Kitchen, Inc. | |
| How long employed | 0 Years, 2 Months | |
| Address of Employer | 12181 Bluff Creek Drive | Paid BiWeekly \$871.92 |
| | 5th floor | Deductions: \$172.81 Taxes |
| | Playa Vista, CA 90094 | Net pay: \$699.11 BiWeekly |

| Debtor | | |
|---------------------|--------------------------------|--|
| Occupation | Cook | |
| Name of Employer | California Pizza Kitchen, Inc. | |
| How long employed | 0 Years, 2 Months | |
| Address of Employer | 12181 Bluff Creek Drive | Paid BiWeekly \$555 + 304.42 OT = 859.42 Gross |
| , , | 5th floor | Deductions: \$172.81 Taxes |
| | Playa Vista, CA 90094 | Net pay: \$686.61 BiWeekly |

Official Form B 6I Schedule I: Your Income page 3

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| Fill | in this informa | ation to identify yo | our case: | | | | | |
|--------------------|--|--|---------------------------|--|-----------------------|-----------|--|---|
| | otor 1 | Deaundreal | | are | | Ch∈ | eck if this is: An amended filing | |
| | otor 2 ouse, if filing) | | | | | | A supplement show | wing post-petition chapter the following date: |
| Unit | ted States Bankr | uptcy Court for the: | NORTH | IERN DISTRICT OF ILLIN | IOIS | | MM / DD / YYYY | |
| 1 | se numbe r nown) | | | | | | A separate filing for 2 maintains a separate | or Debtor 2 because Debto arate household |
| 0 | fficial Fo | rm B 6J | | | | | | |
| | | J: Your | | | | | | 12/1 |
| info nur Par | ormation. If member (if known the control of the co | ore space is ne n). Answer ever ibe Your House | eded, atta ry question | . If two married people a ach another sheet to this n. | | | | |
| 1. | Is this a join | | | | | | | |
| | ■ No. Go to | | in a separ | ate household? | | | | |
| | □ N □ Y | | st file a sep | parate Schedule J. | | | | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D | | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state dependents' | | | | son | | 7 | ■ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No |
| 3. | expenses o yourself and | penses include f people other t d your depende ate Your Ongoi | han nts? □ | No Yes ly Expenses | | | | ☐ Yes |
| Est | imate your ex | cpenses as of you | our bankrı | uptcy filing date unless | | | | apter 13 case to report of the form and fill in the |
| the | | h assistance an | | government assistance cluded it on <i>Schedule I:</i> | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. | Include first mortgag | e 4. | \$ | 700.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner's | | | | 4b. | | 0.00 |
| | | | • | upkeep expenses | | 4c. | | 0.00 |
| 5 | | owner's associat | | dominium dues our residence, such as ho | nme equity loans | 4d. 5. | \$ \$ | 0.00 |

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| Deb | tor 1 | Deaundr | eal Donte Ware | Case num | ber (if known) | |
|-----|------------------|--------------------------------|--|-----------|---------------------------------------|-----------------------------|
| 6. | Utilit | ies: | | | | |
| 0. | 6a. | | heat, natural gas | 6a. | \$ | 120.00 |
| | 6b. | - | ver, garbage collection | 6b. | | 15.00 |
| | 6c. | - | e, cell phone, Internet, satellite, and cable services | 6c. | | 289.00 |
| | 6d. | Other. Spe | | 6d. | · | 0.00 |
| 7. | | | ekeeping supplies | 7. | · | 380.00 |
| 8. | | | hildren's education costs | 8. | · | 100.00 |
| 9. | | | ry, and dry cleaning | 9. | · | 40.00 |
| - | | | roducts and services | 10. | · | 30.00 |
| | | • | ntal expenses | 11. | · - | 30.00 |
| | | | Include gas, maintenance, bus or train fare. | | · | |
| | | | ar payments. | 12. | \$ | 270.00 |
| 13. | Ente | rtainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 14. | Char | itable cont | ributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insur | rance. | | | | |
| | | | surance deducted from your pay or included in lines 4 or 2 | | _ | |
| | | Life insura | | 15a. | · | 0.00 |
| | | Health ins | | 15b. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | 15c. | Vehicle ins | surance | 15c. | · | 0.00 |
| | | | rance. Specify: | 15d. | \$ | 0.00 |
| 16. | | | clude taxes deducted from your pay or included in lines 4 c | | • | |
| | Spec | , | | 16. | \$ | 0.00 |
| 17. | | | ease payments: | 170 | ¢. | 0.00 |
| | | | ents for Vehicle 1 | 17a. | | 0.00 |
| | | | ents for Vehicle 2 | 17b. | · | 0.00 |
| | | Other. Spe | - | 17c. | · | 0.00 |
| 40 | | Other. Spe | · | 17d. | Ф | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not your pay on line 5, Schedule I, Your Income (Official Fo | | \$ | 0.00 |
| 19 | | | s you make to support others who do not live with you. | iiii 0i). | \$ | 561.78 |
| 10. | | ify: Child | | 19. | Ψ | 301.70 |
| 20 | | | erty expenses not included in lines 4 or 5 of this form of | | our Income | |
| 20. | | | on other property | 20a. | | 0.00 |
| | | Real estat | | 20b. | | 0.00 |
| | | | nomeowner's, or renter's insurance | 20c. | · · | 0.00 |
| | | | ce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | | er's association or condominium dues | 20e. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| 21. | | r: Specify: | Haircut | | +\$ | 50.00 |
| ۷., | Othic | т. Орссиу. | Hall Cut | | - Ψ | 30.00 |
| 22. | Your | monthly e | xpenses. Add lines 4 through 21. | 22. | \$ | 2,635.78 |
| | | • | r monthly expenses. | | | |
| 23. | | | monthly net income. | | | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | | 3,002.40 |
| | 23b. | Copy your | monthly expenses from line 22 above. | 23b. | -\$ | 2,635.78 |
| | | | | | | |
| | 23c. | | our monthly expenses from your monthly income. | 23c. | \$ | 366.62 |
| | | The result | is your monthly net income. | 200. | Ф | 333.52 |
| 24. | For ex modifi | cample, do yo ication to the t | an increase or decrease in your expenses within the year or do you expect to finish paying for your car loan within the year or do you exterms of your mortgage? | | | se or decrease because of a |
| | ■ No | | | | | |
| | ☐ Ye Expla | | | | | |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Deaundreal Donte Ware | | | Case No. | | | | |
|-------|--|-----------|----------------------|------------|----|--|--|--|
| | | | Debtor(s) | Chapter | 7 | | | |
| | DECLARATION | CONCERN | ING DEBTOR | 'S SCHEDUL | ES | | | |
| | DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR | | | | | | | |
| | I declare under penalty of perjury of33 sheets, and that they are true and | | | | | | | |
| Date | October 1, 2015 | Signature | /s/ Deaundreal Donte | | | | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

| In re | Deaundreal Donte Ware | | Case No. | |
|-------|-----------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$2,139.92 2015 California Pizza Kitchen, Inc.

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$0.00 2012: amount? Government Benefits: Welfare/Public Aid entitlement: Food

Stamps/Link card at \$??

\$0.00 2011: amount? Government Benefits: Welfare/Public Aid entitlement: Food

Stamps/Link card at \$?

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AMOUNT SOURCE

2009: amount? Government Benefits: Welfare/Public Aid entitlement: Food \$0.00

Stamps/Link card

\$0.00 2013: amount? Government Benefits: Welfare/Public Aid entitlement: Food

Stamps/Link card at \$??

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS**

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> **AMOUNT** DATES OF PAID OR PAYMENTS/ VALUE OF **TRANSFERS** TRANSFERS

NAME AND ADDRESS OF CREDITOR

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING**

AMOUNT STILL

OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None П

CAPTION OF SUIT

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AND CASE NUMBER vs Debtor (See schedule F for details) NATURE OF **PROCEEDING** Breach of

services rendered COURT OR AGENCY AND LOCATION **Daley Center, Circuit Court of Cook** STATUS OR DISPOSITION **Judgments**

Contracts failure to pay for goods and

County, Illinois

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B7 (Official Form 7) (04/13)

3

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

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B7 (Official Form 7) (04/13)

NAME AND ADDRESS OF PAYEE

Bankruptcy Court Northern Dist. IL 219 S Dearborn Street 7th Floor

Chicago, IL 60604

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR

Debtor timely pays directly the **Bankruptcy Court Filing fee in money** order(s) pursuant to Court Rules and/or

Order.

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$335 Court Filing Fee debtor pays with a separate money order for \$335 made out to "US Bankruptcy Court" (which is separate and not included in the \$550 Law Firm Attorneys

fees)

debtor pays directly to the Credit Credit Counseling provider

Counseling Course provider they

choose

\$25-60 Credit Counseling Course - debtor chooses his/her provider, each provider charges different amounts for

their services.

Law Firm Attorney Fees

Financial Management Course provider debtor pays directly to Debtor **Education/Financial Management**

provider they choose

\$550 Law Firm Attorneys fees for Chapter 7 Bankruptcy pursuant to contract.

\$15-60 Financial Management **Debtor Education Course** provider, debtor chooses

his/her provider, each provider charges different amounts for

their services.

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE. RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER. AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

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5

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR Michigan Treasury Office of Collections PO Box 30149 DATE OF SETOFF **07/28/2015**

AMOUNT OF SETOFF

81.40

PO Box 30149 Lansing, MI 48909-7649

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS 9981 SW 118TH Place Miami FL 33156-0000

NAME USED

DATES OF OCCUPANCY April 2014 to March 2015

647 Cross Creek Dr. AA

Oct 12 to March 2014

Roselle IL 60172-0000

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

B7 (Official Form 7) (04/13)

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE

IAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

GOVERNMENTAL UNIT

NOTICE

LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME **ADDRESS**

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B7 (Official Form 7) (04/13)

7

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRES

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

NAME AND ADDRESS

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE ISSUED

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

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| 37 (Official Form 7) (04/13) | ı 7) (04/13) |
|------------------------------|--------------|
|------------------------------|--------------|

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22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date October 1, 2015 Signature /s/ Deaundreal Donte Ware

Deaundreal Donte Ware

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy CourtNorthern District of Illinois

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|---|---------------------------------|--|----------------------------------|--------------------------------|
| In re Deaundreal Donte Ware | | | Case No. | |
| | | Debtor(s) | Chapter | _7 |
| CHAPTER | 7 INDIVIDUAL DEBTO | OR'S STATEN | MENT OF INTEN | TION |
| PART A - Debts secured by property of the estate. At | | | ompleted for EAC l | H debt which is secured by |
| Property No. 1 | | | | |
| Creditor's Name: -NONE- | | Describe Prop | perty Securing Debt | : |
| Property will be (check one): ☐ Surrendered | ☐ Retained | | | |
| If retaining the property, I intend to (☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain | | oid lien using 11 | U.S.C. § 522(f)). | |
| Property is (check one): ☐ Claimed as Exempt | | ☐ Not claimed | l as exempt | |
| PART B - Personal property subject (Attach additional pages if necessary.) | to unexpired leases. (All three | e columns of Par | t B must be complete | ed for each unexpired lease. |
| Property No. 1 | | | T | |
| Lessor's Name: -NONE- | Describe Leased Pr | operty: | Lease will be U.S.C. § 365 ☐ YES | Assumed pursuant to 11 (p)(2): |
| I declare under penalty of perjury to personal property subject to an under Date October 1, 2015 | | intention as to a /s/ Deaundreal Deaundreal Do | Donte Ware | estate securing a debt and/or |
| | | Debtor | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Deaundreal Donte Ware | | Case No. | | | |
|-------------|--|---|-------------------------|-------------------------------------|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | RNEY FOR DE | EBTOR(S) | | |
| c | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 20 compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to | | |
| | For legal services, I have agreed to accept | | \$ | 550.00 | | |
| | Prior to the filing of this statement I have received | | \$ | 550.00 | | |
| | Balance Due | | \$ | 0.00 | | |
| 2. \$ | 0.00 of the filing fee has been paid. | | | | | |
| 3. T | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. T | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 5. I | I have not agreed to share the above-disclosed comp | pensation with any other person t | unless they are mem | bers and associates of my law firm. | | |
| [| ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | | |
| 6. I | n return for the above-disclosed fee, I have agreed to re | e, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| b c | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, states Representation of the debtor at the meeting of credit [Other provisions as needed] | tement of affairs and plan which | may be required; | | | |
| 7. E | By agreement with the debtor(s), the above-disclosed fe | e does not include the following | service: | | | |
| | | CERTIFICATION | | | | |
| | certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement for p | payment to me for re | epresentation of the debtor(s) in | | |
| Dated | : October 1, 2015 | /s/ S. M. de Rath, I | Esq. | | | |
| | | S. M. de Rath, Esc Attorney S.M.de R 233 S. Wacker Dr, Chicago, IL 60606 312-283-8606 | Rath, Esq. , 84th FL | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois

| | | Northern District of Imnois | • | |
|--------|---|---|-----------------------|------------------------------|
| In re | Deaundreal Donte Ware | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | | N OF NOTICE TO CONSU 342(b) OF THE BANKRUP | | $A(\mathbf{S})$ |
| Code. | I (We), the debtor(s), affirm that I (we) h | Certification of Debtor nave received and read the attached | notice, as required b | y § 342(b) of the Bankruptcy |
| Deaur | ndreal Donte Ware | X /s/ Deaundro | eal Donte Ware | October 1, 2015 |
| Printe | d Name(s) of Debtor(s) | Signature of | Debtor | Date |
| Case N | No. (if known) | X | | |
| | | Signature of | Joint Debtor (if any) | Date |
| | | | | |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court Northern District of Illinois

| In re | Deaundreal Donte Ware | | Case No. | | | | | |
|-------|--|---|---------------------|------------------------|--|--|--|--|
| | | Debtor(s) | Chapter 7 | | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | | | |
| | | Number of O | Creditors: | 63 | | | | |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor | ors is true and cor | rect to the best of my | | | | |
| Date: | October 1, 2015 | /s/ Deaundreal Donte Ware Deaundreal Donte Ware Signature of Debtor | | | | | | |

Aes/bank Of America Pob 61047 Harrisburg, PA 17106

Alexian Brothers Hospital 800 Biesterfield Road Elk Grove Village, IL 60007

Argent Healthcare Financial Services/Fir Attn: Bankruptcy 7715 Nw 48th Street; Ste 100 Doral, FL 33166

Arizona Public Service Po Box 53999 Phoenix, AZ 85072

Ars 1801 Nw 66th Ave Fort Lauderdal, FL 33313

Ars Account Resolution 1801 Nw 66th Ave Fort Lauderdal, FL 33313

Associated Dental Care 183 S Bloomingdale Rd Suite 202 Bloomingdale, IL 60108

Atg Credit 2651 Warrenville R Downers Grove, IL 60515

Baptist Hospital 8900 N. Kendall Dr. Miami, FL 33176

Barrington Orthopedic 929 West Higgins Road Schaumburg, IL 60195

Bkofa/glelsi Po Box 7860 Madison, WI 53707 Bureau Of Med Econcs 326 E Coronado Rd Phoenix, AZ 85004

Bureau Of Med Economics P.O. Box #20247 Phoenix, AZ 85036

BYL Services 301 Lacey Street West Chester, PA 19382

City of Chicago Department of Revenue, Parking Tick 333 S. State Street Chicago, IL 60602

City of Chicago Department of Revenue POBox 88292 Chicago, IL 60680-1292

Commonwealth Edison 3 Lincoln Center Attn Bank Dept Oak Brook Terrace, IL 60181

Credit Management Lp 4200 International Pkwy Carrollton, TX 75007

Department of the Treasury Internal Revenue Service P.O.Box 7346 Philadelphia, PA 19101-7346

Divison of Traffic Safety Accident Records Division 1340 N 9th St Springfield, IL 62766-0001

Dpt Ed/slm
Po Box 9635
Wilkes Barre, PA 18773

Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256

Equifax Credit Information Services Bankruptcy Department P.O Box 740241 Atlanta, GA 30374-0241

Experian
Bankruptcy Dept
P.O.Box 2002
Allen, TX 75013

Glelsi/bank Of America Po Box 7860 Madison, WI 53707

Glhegc Po Box 7860 Madison, WI 53707

Harris & Harris 600 W Jackson Blvd, Suite 400 Chicago, IL 60661

Hunter Warfield Attention: Collections Department 4620 Woodland Corporate Blvd Tampa, FL 33614

IC System
Attn: Bankruptcy
444 Highway 96 East; Po Box 64378
St. Paul, MN 55164

Il Dept of Human Services 100 South Grand Ave East (800) 843-6154 Springfield, IL 62762

IL Dept of Human Services 401 S. Clinton Street (800) 843-6154 Chicago, IL 60607

Il Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St Springfield, IL 62766-0020

J.P.Morgan Chase & Co Attn: Court Orders & Levies P.O.Box 183164 Columbus, OH 43218-3164

Landlord

Ldc Collect P.o. Box 52110 Phoenix, AZ 85072

Linebarger Goggan Blair & Sampson Attorneys at Law P O Box 06152 Chicago, IL 60606-0152

Michigan Treasury Office of Collections P.O.Box 30158 Lansing, MI 48909

Michigan Treasury Office of Collections PO Box 30149 Lansing, MI 48909-7649

Mid Ohio Emergency Services 111 S Grant Ave Columbus, OH 43215

National Credit System Attn: Bankruptcy Po Box 312125 Atlanta, GA 31131

Navient Po Box 9655 Wilkes Barre, PA 18773 Navient P.O. Box 9533 Wilkes-Barre, PA 18773-9533

Nicor Gas Bankruptcy Dept POB 2020 Aurora, IL 60507-0310

Online Collections Po Box 1489 Winterville, NC 28590

Pellettieri 991 Oak Creek Dr Lombard, IL 60148

Penn Credit Corporatio 916 S 14th St Harrisburg, PA 17104

Peoples Gas Chicago, IL 60687-0001

Rgs Financial 1700 Jay Ell Dr Ste 200 Richardson, TX 75081

Scottsdale Collection Po Box 82910 Phoenix, AZ 85071

Scottsdale Emergency Associates 7400 E Osborn Rd Scottsdale, AZ 85251

Scottsdale Healthcare Osborn 7400 E. Osborn Road Scottsdale, AZ 85251

Scottsdale Pathology Associates 9003 E Shea Blvd Scottsdale, AZ 85260

Scottsdale Pathology Associates 3501 N Scottsdale Rd Suite 130 Scottsdale, AZ 85251

Secretary of State Drivers Services Depart, Traffic V 2701 S. Dirksen Pwy Springfield, IL 62723-0001

Slm Financial Corp 11100 Usa Pkwy Fishers, IN 46037

State of Illinois Dept. Employment Security POBox 4385 Benefit repayments Chicago, IL 60680-4385

State Of Mi Office Chi Po Box 30037 Lansing, MI 48909

State of Michigan- SAC P.O.Box 30149 Lansing, MI 48909-7649

Stellar Rec 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216

Tek-collect Inc Pob 1269 Columbus, OH 43216

TransUnion
Bankruptcy Department
P.O.Box 1000
Chester, PA 19022

U S Dept Of Ed/fisl/at Attn: Bankruptcy 61 Forsythe St Room 19t89 Atlanta, GA 30303 Unique National Collec 119 E Maple St Jeffersonville, IN 47130